



HHS UNIVERSITY

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of The Assistant Secretary For Administration and Management

HHS University

Phone: 301-451-6810

FAX: 301-480-3287

CREDIT CARD PAYMENT FORM

Name of Training: _____

Course Number: _____

Date(s): _____ to _____ Location of Training: _____

Name of Participant: _____

Agency/OPDIV (*Please circle one*): ACF AHRQ AoA CDC CMS FDA HRSA IHS NIH OS PSC SAMHSA

Other Agency: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____

Note: Attach trainee list (with above information) if for group.

PAYMENT BY CREDIT CARD

Amount of Payment: \$ _____

☐ Government Credit Card

☐ Visa

☐ American Express

☐ Discover

Credit Card Number: _____ Expiration Date: ____ / ____

Cardholder Name: _____

Phone: _____

Cardholder Signature: _____

Date: _____

FOR OFFICE USE ONLY

Date Received: _____

Payment Amount: _____

Date Billed: _____